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FROM Thomas M. Isaacson

DATE 2004-11-11 19:41:55 GMT

RE Application No.: 09/996,577

COVER MESSAGE

AT&T Ref.: 2001-0237

Dear Sirs:

Please find attached a transmittal form, power of attorney and change of correspondence address, and response in the above-referenced case.

Respectfully submitted,

The Law Office of Thomas M. Isaacson
(410) 414-3056

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0851-0031
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

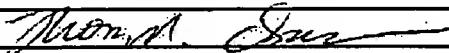
Total Number of Pages in This Submission

Application Number	09/996,577
Filing Date	November 13, 2001
First Named Inventor	Radhika R. Roy
Art. Unit	2633
Examiner Name	Stephen M. D'Agosta
Attorney Docket Number	2001-0237

ENCLOSURES (Check all that apply)

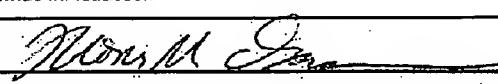
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1:52 or 1:53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD; Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Isaacson, Reg. No. 44166
Signature	
Date	Nov. 11, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450; Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Thomas M. Isaacson
Signature	
Date	Nov. 11, 2004

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